

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 4 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 830  
Registrar's No. 880

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Hospital #1.0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Zelma Thomas

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Unknown Thomas 6. (c) Age of husband or wife if alive Nil years  
7. Birth date of deceased May 26, 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 8 1 hr. min.

9. Birthplace Stoddard Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

12. Name Issac Dodd  
13. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Lizzie Temples  
15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank C. Dodd  
(b) Address Dudley, Missouri  
17. (a) Burial (b) Date thereof 1/28/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Dexter, Missouri

18. (a) Signature of funeral director Albert H. Honpe, Inc  
(b) Address 4700 Washington Blvd.  
19. (a) JAN 28 1943 (b) J. Z. Bruders  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard  
(c) City or town Dexter (If outside city or town limits, write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27  
year 1943 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
that I last saw him alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Toxemia from intestinal obstruction.

Due to.....  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work..... (Specify type of place) Means of injury.....

23. Signature James F. Zimmerman (M.D. or other)  
Address 1200 E. 1st St. Date signed 1/28/43

171043

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*E. W. Wilkinson*

Licensed Embalmer No.....

3575

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**